



Actuarial & Employer Services Division
 P.O. Box 942709
 Sacramento, CA 94229-2709
 Telecommunications Device for the Deaf - (916) 795-3240
888 CalPERS (or 888-225-7377) FAX (916) 795-1523

SAMPLE

**TRANSFER OF ASSETS
 VOUCHER**

(To be used to transfer employer assets to cover all,
 or a portion of, member contributions)

1999/2000 FISCAL YEAR
 (To be used for payroll periods ending on
 dates
July 1, 1999 through June 30, 2000)

This voucher is to be used to authorize CalPERS to transfer the amount indicated below from employer assets of the employer/rate plan identified on this voucher to the member accumulated contribution accounts per the attached report of contributions.

Employer Code: 1999
 Employer Name: TOWN OF ANYWHERE
 Rate Plan: MISCELLANEOUS RATE PLAN

I hereby certify that I am the duly appointed, qualified, and acting officer of the herein named employer, and that I authorize CalPERS to transfer employer assets to member accumulated contributions by CalPERS coverage group(s) and service period in the amount(s) as indicated.

Signature John Doe

Service Period 07/99/0

Coverage Group <u>70001</u>	Amount \$ <u>700.00</u>
Coverage Group <u>70002</u>	Amount \$ <u>70.00</u>
Coverage Group _____	Amount \$ _____
Coverage Group _____	Amount \$ _____

(YOU MAY ONLY USE THIS FORM FOR COVERAGE GROUPS IN THE MISCELLANEOUS RATE PLAN)